## · 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L02000013252** 1. Entity Name 05 NOV 10 AM 9: 14 WEBBER MARINE, LLC Principal Place of Business Mailing Address 1845 NEW HAMPSHIRE AVENUE N.E. 1845 NEW HAMPSHIRE AVENUE N.E. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10142005 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For 04-3683021 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBBER, RUSSELL P Street Address (P.O. Box Number is Not Acceptable) 1845 NEW HAMPSHIRE AVENUE N.E. ST. PETERSBURG, FL 33703 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Detete ☐ Change ☐ Addition WEBBER, RUSSELL P NAME NAME STREET ADDRESS 1845 NEW HAMPSHIRE AVENUE N.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703 CITY-ST-7/P TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE П Сһапое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME ( NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company owner receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone (